



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

**SUPPLEMENTAL APPLICATION:
FOR A LICENSE TO ALLOW PREMISES TO BE USED FOR SOCIAL OR PUBLIC CARD TOURNAMENTS**

LICENSE APPLIED FOR:	CLASS	FEE
<input type="checkbox"/> Public Card Room Tournament (Profit-Seeking Business) (65) Tournament only – no more than thirty (30) consecutive days per tournament.		
<input type="checkbox"/> Up to five tables	C-5	\$ 175
<input type="checkbox"/> Up to ten tables	C-10	\$ 318
<input type="checkbox"/> Up to fifteen tables	C-15	\$ 529
<hr/>		
<input type="checkbox"/> Social Card Room Tournament (Non-Profit Organization) (60) Tournament only – no more than thirty (30) consecutive days per tournament. Up to five tables only	C	\$ 54

NOTE: If you are licensed by the Washington State Liquor Control Board (WAC 314-16-180), you are required to obtain written approval from the liquor board prior to commencing any additional activity. All requests must be sent through your local liquor control board agent.

(1) **APPLICANT:** _____
Organization / Owner

(2) Mailing Address: _____

City State Zip County
() - () - ()
Telephone Fax Number Cell Phone (Optional)
Trade Name: _____

(3) Premises Address (Street Address): _____

City State Zip County
() - () - ()
Telephone Fax Number Cell Phone (Optional)

(4) City Limits: Inside ☐ Outside ☐

(5) **PROFIT-SEEKING BUSINESSES**, submit (as an attachment) a diagram or floor plan of the premises and indicate the area specifically designated for the playing of cards. Include the number and location of all tables to be used.

(6) Please answer the following questions.

A. Type of tournament? _____

B. Dates of tournament? First Day: _____ Last Day: _____

C. Method of entry? _____

D. Amount of chips or other type of betting? _____

E. Entry fee or charge? _____

F. Where will the tournament be held? _____

(7) Name of Primary Card Room Manager: _____

Address: _____

City

State

Zip

County

Date of Birth: _____ Social Security Number: _____

(____)____-____ (____)____-____ (____)____-____
Telephone Fax Number Cell Phone (Optional)

IMPORTANT: If you are applying for a Class "C" Tournament card room license, the individual named above as the Primary Manager must complete and submit the attached Personal / Criminal History Statement (BLS-700-301).

(8) For each person involved in the card room operation provide the following information:

Name: _____
Last Name, First Name, MI Title or Position in the Organization

Home Address: _____

City

State

Zip

County

Date of Birth: _____ Social Security Number: _____

(____)____-____ (____)____-____ (____)____-____
Telephone Fax Number Cell Phone (Optional)

[Use additional sheets if necessary.]

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of an initial application or revocation of any gambling license(s) currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Signature of Chief Executive Officer or Principal Owner

Date

NOTE: If partnership, all partners must sign: _____